



Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP): Greene County 2016-2018

1. In addition to Greene County, The 2016-2018 Community Health Needs Assessment encompasses the Capital Region including Albany, Rensselaer, Saratoga, Schenectady, and Columbia Counties. The CHIP encompasses work specific to Greene County, in collaboration with Columbia Memorial Health.
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Greene County 2016 Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP)

Executive Summary

1. Prevention Agenda Priorities for Greene County 2016-2018:

- Chronic Disease: Focus Area - Prevent Obesity
- Promote Mental Health and Prevent Substance Abuse: Focus area - Prevent Substance Abuse
 - Disparity: At-risk youth, ages 12-18 years

2. What has changed, if anything, with regard to the priorities you selected since 2013 including any emerging issues identified or being watched?

Obesity has continued as a pervasive issue in Greene County, increasing the risk for and prevalence of chronic disease, and impacting the health of our community. Greene County will continue its focus on obesity for the 2016-2018 CHIP. For our previous CHIP, the Mobilizing for Action through Planning and Partnership (MAPP) Committee determined that our work for 2013-2017 would “Support Efforts to Integrate Mental Emotional and Behavioral (MEB) Disorders Screening and Treatment into Primary Care.” Since this time, substance abuse and drug overdose has emerged as a national, state, and local crisis. Following a review of local data, the Columbia-Greene Public Health Priority Workgroup determined that both Greene and Columbia Counties will make substance abuse prevention a focus area for their 2016-2018 CHIP.

3. What data did you review to identify and confirm existing priorities or select new ones?

The Columbia-Greene Public Health Priority Workgroup was led by Greene County Public Health, Columbia County Department of Health, and Columbia Memorial Hospital. Columbia and Greene counties share similar demographic characteristics and health metrics. For this reason the counties elected to align efforts around mutually-selected priority areas. The Prioritization Workgroup was the product of a collaborative decision. Three meetings were held during the prioritization process in 2016: February 12th, March 2nd, and March 16th. During these meetings, HCDI presented health indicators related to the five Prevention Agenda Priority Areas, and then facilitated discussions. The PowerPoint data presentations used during these meetings were made available to the Workgroup members, and the general public on the HCDI website (<http://www.hcdiny.org/index.php?module=Tiles&controller=index&action=display&alias=healthdata>).

4. Which partners are you working with and what are their roles in the assessment and implementation processes?

Columbia-Greene Public Health Priority Workgroup - this group encompasses the Mobilizing for Action through Planning and Partnership (MAPP) and Public Health Leadership Committees:

- Alzheimer's Association, Faith Outreach
- Apogee Center
- Catholic Charities
- The ARC
- Columbia Greene Community College
- Columbia County Community Healthcare Consortium (Tobacco-Free Action)
- Columbia County Department of Health
- Columbia County Emergency Medical Service
- Columbia Memorial Hospital, Community Health Services
- Columbia Memorial Hospital, Mobile Dental Health Services
- Columbia-Greene Mental Health Center
- Community Action of Greene County
- Cornell Cooperative Extension
- Division of Community Services (Greene County)
- Eddy Visiting Nurse Association
- Greene County Department of Social Services
- Greene County Human Services
- Greene County Family Planning
- Greene County Legislature
- Greene County Mental Health
- Greene County Public Health
- Greene County YMCA
- Healthy Capital District Initiative
- Hudson City School District
- Mobilizing for Action through Planning and Partnership (MAPP)
- Rural Health Network
- St. Peter's Health Partners
- St. Peter's Health Partners (Health Program and Promotion)
- St. Peter's Health Partners (Tobacco-Free Health System)
- Twin County Recovery Services
- Upper Hudson Planned Parenthood

Specific Roles:

- **Rural Health Network:** Administration and funding of obesity programming, provides funding for medication drop boxes
- **Greene County Sheriff's Office, Coxsackie Village Police Department, Town of Windham Police Department, and Town of Durham Police Department:** Medication Drop boxes management and disposal
- **Controlled Substance Awareness Task Force (inclusive of the Prevention Subcommittee and the Prescriber Guidelines Sub-Committee):** Coalition building, outreach, education, training, programs related to committee goals

- Catholic Charities (Project Safe Point): Narcan provision and training; harm reduction programming
- Greene County Public Health: Coordination of Committee; writing of CHIP; administration of sharps disposal kiosk program
- Greene County Family Planning: School based programming, outreach, education and services for at-risk populations; professional training for local agencies and providers
- Twin County Recovery Services: Recovery services and school based programs, including prevention education and counseling
- Mental Health Association of Columbia and Greene Counties: Initiation and administration of the Mobile Crisis Assessment Team and the Youth Clubhouse

5. How are you engaging the broad community in these efforts?

- Community forum presentations: Law enforcement; Mental Health and Addiction Services; Mobile Crisis Assessment Team; Greene County Family Planning; Project Safe Point; and Pharmacist
- School Based Efforts: Twin County Recovery Services; The Controlled Substance Awareness Task Force Prevention Subcommittee; and Greene County Family Planning education and outreach.
- Greene County Rural Health Network Surveys: Seven surveys to date, including 2004, 2008, 2010, 2011, 2014, 2015 and 2016: Subjects inclusive of nutrition, obesity, physical activity, chronic disease screening, substance abuse (including awareness of medication drop boxes) and behavioral health, dental services, and primary care (www.greenehealthnetwork.com).
- Healthy Capital District Initiative 2016 Survey: Collaboration and Community Engagement - Engaging the community in the health needs assessment process was a priority of HCDI and its stakeholders. Broad community engagement began with participation in the community health survey. The surveys offered multiple choice and open-ended questions to learn about residents' health needs, health behaviors and barriers to care. Demographic information collected by the survey allowed review of information by age, gender, race/ethnicity and income. (Community Health Needs Assessment; www.hcdiny.org: p. 31).
- Social Media: Greene County Public Health and our partners share educational and programmatic information via our website, Facebook and Twitter.

6. What specific evidence-based interventions/strategies/activities are being implemented to address the specific priorities and the health disparity and how were they selected?

- Chronic Diseases – Obesity Focus: The Community Weight Loss Contest was selected due to reach and impact.
- Chronic Diseases – Obesity Focus: The Community Walking Program was selected due to the wide appeal of walking for both entry level and experienced participants, communitywide access and its effectiveness as a physical activity.
- Promote Mental Health and Prevent Substance Abuse – Prevent Substance Abuse Focus: The Project Lazarus Model was selected as a nationally recognized program based on a rural initiative (www.projectlazarus.org).

7. How are progress and improvement being tracked to evaluate impact? What process measures are being used?

Prevent Chronic Disease – Obesity Prevention:

1. *Community Weight Loss Contest* - The number of sites and individual participants; the number of participants losing 5% of starting weight.
2. *Community Walking Program* - Participants register with the Rural Health Network for program participation; program completion is tracked through submission of activity logs.

Substance Abuse Prevention:

1. *Community action and coalition building* – Meetings of The Controlled Substance Awareness Task Force and Community Forums.
2. *Prescriber education and behavior* – Meetings of the Prescriber Guidelines Committee.
3. *Supply reduction and diversion control* – Number of medication drug boxes, and medication collected through “Drug take back” days.
4. *Pain patient services and drug safety* – Participating provider practices, community education.
5. *Drug treatment and demand reduction* – Outpatient and residential treatment; Impaired Drivers Program; Substance abuse screening; and Drug Treatment Court Team.
6. *Harm education, including Naloxone training* – Narcan training and outreach, Sharps collection sites and pounds collected.
7. *Community based prevention and education* – Community and school based education, and professional training.

Community Health Improvement Plan Greene County 2016-2018

ACKNOWLEDGEMENTS

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This document was written with the collaboration of the Columbia County Department of Health, Columbia Memorial Health, the Mobilizing for Action Through Planning and Partnership and Public Health Leadership Committees, and the Healthy Capital District Initiative.

Thank you to all of our public, private, and community partners.

Community Health Improvement Plan (CHIP) for Greene County

Furthering the New York State Prevention Agenda for the Healthiest State

Greene County Public Health Mission Statement:

Our mission is to serve the community collaboratively to prevent disease, promote and protect health, and to provide education that supports healthy lifestyles.

The Community Health Needs Assessment (CHNA) is a mandated reporting requirement of the New York State Department of Health. For the current 2016-18 cycle, Healthy Capital District Initiative (HCDI), our regional Population Health Improvement Program (PHIP) provider, coordinated and authored the Community Health Needs Assessment. HCDI utilized quantitative and qualitative measures to systematically collect and analyze data to understand the health of our County. The Community Health Needs Assessment informs community decision making, the prioritization of health problems, and is the basis for the development and implementation of the Greene County Community Health Improvement Plan (CHIP) (http://www.hcdiny.org/content/sites/hcdi/2016_chna/2016_HCDI_community_health_needs_assessment.pdf).

The CHIP, written by Greene County Public Health, is the action phase in response to the assessment process. Counties were instructed to select two from the following Prevention Agenda Priority Health Areas, with the goal of making specific changes in Community Health and reducing health disparities:

- *Prevent Chronic Diseases*
- *Promote a Healthy and Safe Environment*
- *Promote Healthy Women, Infants and Children*
- *Promote Mental Health and Prevent Substance Abuse*
- *Prevent HIV, STDs, Vaccine Preventable Diseases and Healthcare Associated Infections*

Both the CHNA and the CHIP promote the ongoing collaboration between Greene County Public Health Department, Columbia County Department of Health, Columbia Memorial Hospital, local agencies, and the public to discuss and assess local determinants of health, establish common goals and best practices, and to support those goals through cooperative effort.

Beginning in 2008, with the 2010-2013 CHNA, Greene County Public Health Department utilized the Mobilizing for Action through Planning and Partnership (MAPP) process as a forum for community discussion and decision making. For the current 2016-2018 CHNA, the MAPP Committee collaborated with the Public Health Leadership Committee formed by the Columbia County Department of Health. Columbia Memorial Health participates in both committees and was

therefore present for planning sessions. Reporting requirements, specific goals, and evidence-based interventions were discussed, along with ongoing data review.

Detailed data on all of the Prevention Agenda Priority Areas were presented by HCDI to our joint committees. This data was thoroughly evaluated by the committees, and priorities were selected for the upcoming Community Health Needs Assessment (CHNA), Community Health Improvement Plan (CHIP) cycle – 2016-2018. Due to ongoing need, it was determined that we will continue with the Chronic Disease - Obesity Focus Area of the Prevention Agenda Priority Areas selected during the 2013-2017 CHIP process. However within the Priority Area “Promote Mental Health and Prevent Substance Abuse,” the Committees determined that our 2013-2017 focus area “Support Efforts to Integrate Mental Emotional and Behavioral (MEB) Disorders Screening and Treatment into Primary Care,” should be refocused in response to the escalating severity of the substance abuse crisis and the burden on our communities.

Prevention Priority Area: Prevent Chronic Diseases

NYSDOH Focus Area 1: Reduce Obesity in Children and Adults

Prevention Agenda Priority Area: Promote Mental Health and Prevent Substance Abuse

NYSDOH Focus Area 2: Prevent Substance Abuse

(Prevention Agenda Refresh Charts, 2015)

These priorities continue our alignment with those of Columbia County Department of Health and Columbia Memorial Health, with coordinated efforts between all three entities regarding Substance Abuse Prevention projects and programming. Following determination of priority and focus areas, current programming in these areas, as well as any new initiatives, were reviewed, and the joint committees voted on specific programs for the 2016-2018 timeframe.

Prevent Chronic Disease - Focus Area: Obesity

The burden of obesity as a public health issue is well recognized, and has reached epidemic proportions.

Co-morbidities may include diabetes, cardiac and circulatory disease, and orthopedic issues.

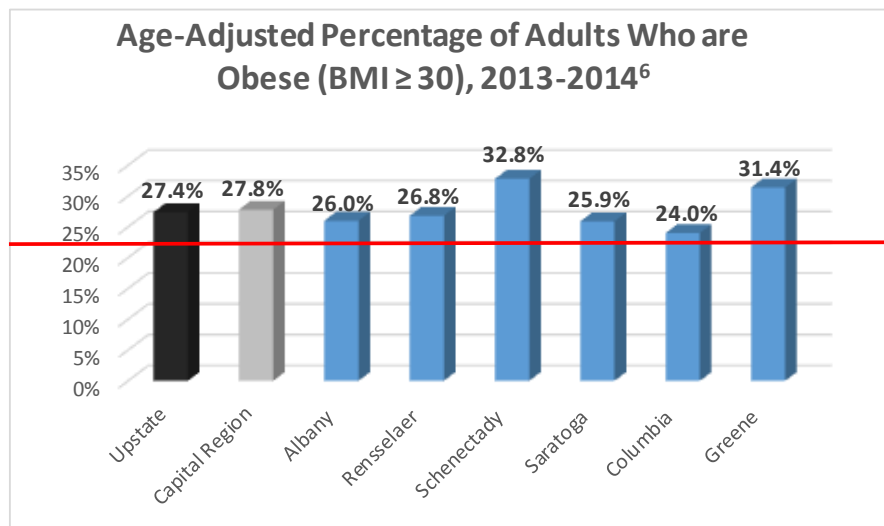
Burden of Obesity-Greene County:

The burden of obesity, regionally and in Greene County, is discussed at length in *2016 Community Health Needs Assessment: A Compendium of Public Health Data Albany, Rensselaer, Saratoga, Schenectady, Greene and Columbia Counties* (Healthy Capital District Initiative, 2016. pp. 62-63 and below):

Obesity

Highlights

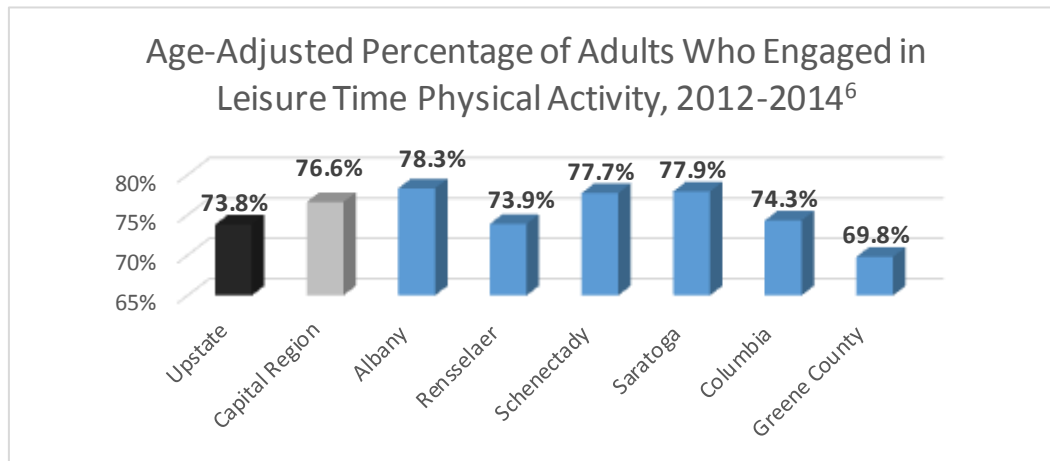
- *Schenectady and Greene counties had the highest obesity rates in the Capital Region, with all counties having obesity rates higher than the Prevention Agenda objective.*
- *Black non-Hispanic residents had higher obesity rates compared to White non-Hispanic and Hispanic residents.*
- *Low income individuals had higher obesity rates than the general population.*



(HCDI, 2016)

Prevention Agenda Objective 23.2%

Greene County has been shown to have a high prevalence of obesity, and low levels of self-reported physical activity (please see below).



(HCDI, 2016)

According to the 2013-2014 Behavioral Risk Factor Surveillance Survey (BRFSS), 64.9% of Greene County adults participated in leisure time physical activity within the last 30 days (BRFSS).

<https://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/greene.pdf>

Obesity Programming

A multi-level intervention approach targeting both physical activity and nutrition has been shown to be effective for both worksite and community health programming (Sallis, J. A., Owen, O., 2008; Zapka J¹, Lemon S. C., Estabrook B. B., Jolicœur D. G., 2007). Additionally, programming geared toward behavioral change, including self-monitoring of fitness goals, and building social supports, has been shown to be an effective strategy (Community Guide).

Priority Area: Prevent Chronic Disease

Focus Area: Reduce Obesity in Adults

GOAL: Create community environments that promote and support healthy food and beverage choices and physical activity.

INTERVENTION:

Community Weight Loss Contest/Maintenance Program (Kumar, R. and Lafayette, J, 2009; Jensen, KD 2013).

GOAL	PROMOTE WEIGHT-LOSS
OUTCOME OBJECTIVES	To reduce the age adjusted percentage of Greene County adults who are obese by 5%, from 31.04% to 29.5%
INTERVENTIONS / STRATEGIES / ACTIVITIES	<ul style="list-style-type: none"> - 16 week Weight-Loss contest participation; 14 week maintenance program participation; educational outreach for participants regarding nutrition, activity, caloric balance - Outreach to primary care providers regarding obesity counseling protocol and guidelines for obesity counseling a reimbursable service
PROCESS MEASURES	<u>RE-AIM Framework:</u> <ul style="list-style-type: none"> - Reach into the target population – number of individual participants in the program - Effectiveness or efficacy –number of participants losing > 5% of their starting weight - Adoption by target settings, number of institutions – number of participating institutions - Implementation – Contestants completing initial and final weigh-in - Maintenance of intervention effects in individuals and settings over the course of the intervention - Maintenance program: number of participants (Resnicow, K., et al. 2008)
PARTNER ROLE	<u>Rural Health Network, YMCA, Greene County Chamber of Commerce:</u> <ul style="list-style-type: none"> - Marketing via cable television, billboards, flyers, social media and “kick-off” event; recruit participating sites and individuals, and administrate contest; coordinate worksite and community initial, mid-contest and final weigh-in - Coordinate weekly messages for participants- related to activity, healthy nutrition, and caloric intake - Provide messaging for healthcare providers regarding weight loss counseling, and reimbursement guidelines - Provide activity opportunities - Provide prizes/incentives - Conduct Maintenance program: Coordinate program, including eligibility criteria, recruit participants, provide weekly messages and support, and conduct focus groups
PARTNER RESOURCES	<ul style="list-style-type: none"> - Staff and administration for the 16 week contest and 14 week maintenance program; resources for marketing and incentives - Development, and distribution, and outreach to providers of “Manageable Challenges” - a weight loss protocol for providers
BY WHEN	<ul style="list-style-type: none"> - <u>Outcome Objectives:</u> 2018 - <u>Interventions:</u> January 2016 and 2017
WILL ACTION ADDRESS DISPARITY?	No

INTERVENTION:

GreeneWalks Community Walking Program, and complementary “Walk With Ease” Program

(www.arthritis.org; CDC, 2011)

GOAL	COMMUNITY-BASED PHYSICAL ACTIVITY
OUTCOME OBJECTIVES	To increase the percentage of Greene County residents engaged in leisure-time activity by 4.8%, from 64.9% to 68%
INTERVENTIONS / STRATEGIES / ACTIVITIES	Community based walking program
PROCESS MEASURES	Participating individuals
PARTNER ROLE	<u>Rural Health Network:</u> <ul style="list-style-type: none"> - Marketing - Recruitment and administration of program <u>YMCA:</u> <ul style="list-style-type: none"> - Training of 3 “Walk With Ease” Certified Leaders
PARTNER RESOURCES	<u>Rural Health Network:</u> <ul style="list-style-type: none"> - Collection of registration and program completion information - Weekly messages related to health and walking/activity - Incentives/Prizes - Promotion and maintenance of web-based community trail maps
BY WHEN	- <u>Outcome Objectives:</u> 2018 - <u>Interventions:</u> 2016 and 2017
WILL ACTION ADDRESS DISPARITY?	No

Additional Resources to Prevent Obesity and Promote Healthy Activity and Nutrition:

Columbia and Greene County Breastfeeding Initiative:

In 2016, the Greene County Public Health Maternal Child Health (MCH) Nurse became a Certified Lactation Consultant, along with several Columbia Memorial Health nurses. This is a wonderful resource for new mothers and their families; providing assistance and expert guidance to promote healthy nutrition for babies and many health benefits for mothers. The Maternal Child Nurse also serves on the Columbia Greene Breastfeeding Task Force, a committee which serves both counties and promotes breastfeeding in the hospital, in healthcare practice, and in the community.

The Greene County Worksite Wellness Committee:

In partnership with Blue Shield of Northeastern New York and the Rural Health Network's Healthy Weight Initiative (HWI), Greene County has initiated a wellness program for employees and families. The "Go Greene for Wellness" employee wellness initiative includes fitness classes, health and wellness seminars, and participation in community-wide health initiatives. The "Go Greene for Wellness" Committee includes representatives from Greene County Public Health Department, Greene County Human Resources, the Greene County Administrator, Blue Shield of Northeastern New York, and the Healthy Weight Initiative. The Committee is dedicated to promoting the health and wellbeing of the Greene County workforce, through coordinated educational and wellness opportunities.

Promote Mental Health and Prevent Substance Abuse –

Focus Area: Substance Abuse

The burden of substance abuse, regionally and in Greene County, is well recognized and has received considerable attention. Because of the pervasive nature of this problem and the depth of the effect on our community, the combined MAPP and Public Health Leadership Committees agreed to continue our focus on this NYS Prevention Agenda Priority Area for 2016-2018. Because of the severity of the substance abuse crisis, the joint committees have made the decision to narrow our focus to substance abuse and overdose prevention. It is important to note that Greene County is a Health Professional Shortage Area (HPSA) in both Primary Care and Mental Health (<https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>). Mental Health initiatives reported on in 2015 remain in place.

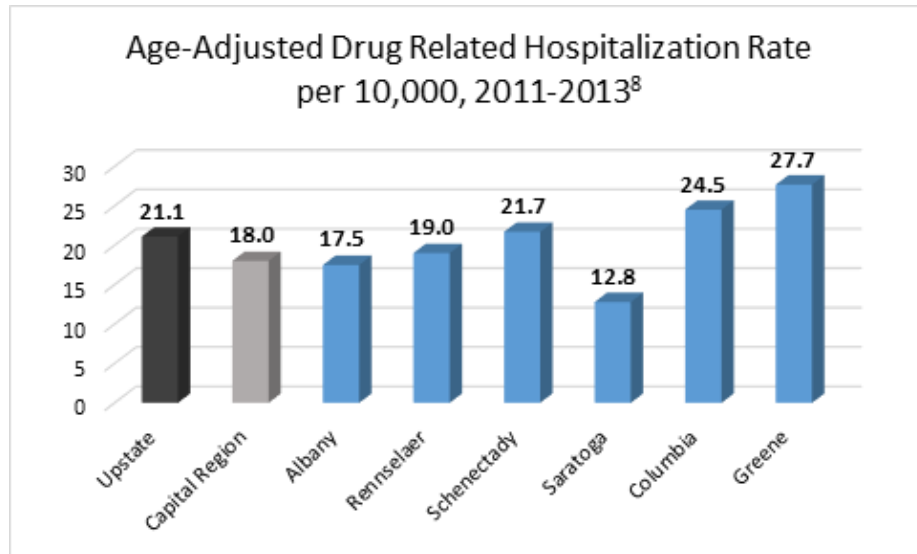
This health area is discussed at length in *2016 Community Health Needs Assessment: A Compendium of Public Health Data Albany, Rensselaer, Saratoga, Schenectady, Greene and Columbia Counties* (HCDI, 2016. pp. 158-164 and below):

Substance Abuse

Highlights:

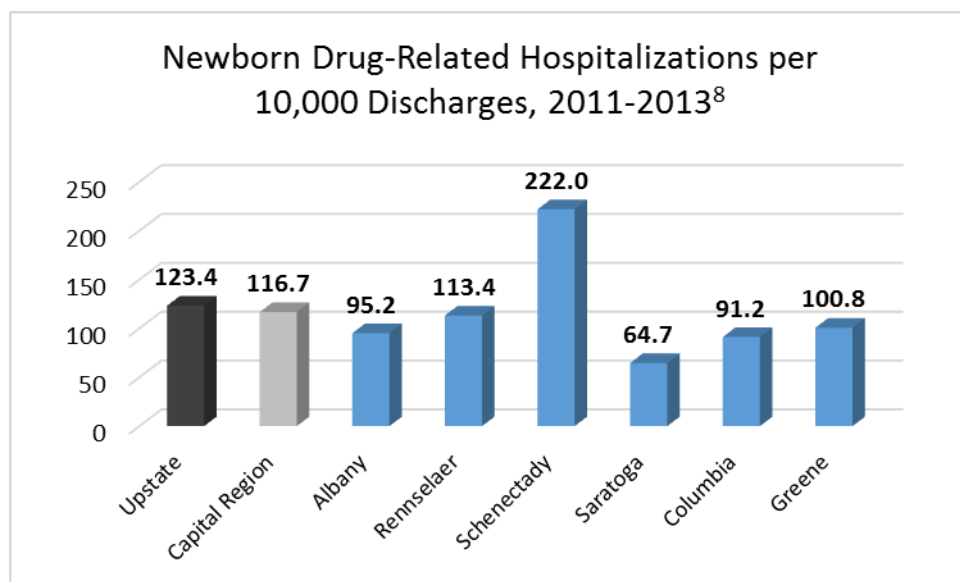
- *Greene, Columbia and Schenectady counties had higher rates of drug-related hospitalizations than Upstate NY.*
- *Greene and Columbia counties had the highest rates of opiate-poisoning related hospitalizations, while Schenectady and Albany counties had the highest rates of opiate-poisoning related ED visits.*
- *All Capital Region counties had seen major increases in opiate-poisoning related ED visit rates between 2008-10 and 2011-13.*
- *Males had higher rates of opiate-poisoning related hospitalizations and ED visits than female residents.*
- *White non-Hispanic residents had higher rates of opiate-poisoning related hospitalizations and ED visits than Black non-Hispanic, and Hispanic residents.*

In 2013, there were about 1,900 drug-related hospitalizations in the Capital Region. Greene County had the highest drug-related hospitalization rate, followed by Columbia and Schenectady counties. These counties also had rates higher than the Upstate rate (HCDI, 2016).



(HCDI, 2016)

The rates of newborn drug-related hospitalizations in the Capital Region were slightly lower than the Upstate New York rate. Schenectady County had the highest rate of newborn drug-related hospitalizations, almost twice that of the Capital Region rate. Schenectady County was the only county with a newborn drug-related hospitalization rate higher than Upstate New York. Between 2008-2010 and 2011-2013, Rensselaer County experienced a 29% increase in newborn drug-related hospitalizations (80.3 to 113.4), Schenectady County had a 23% increase (161.4 to 222.0), and Columbia County had a 29% increase (70.6 to 91.2) (HCDI, 2016).

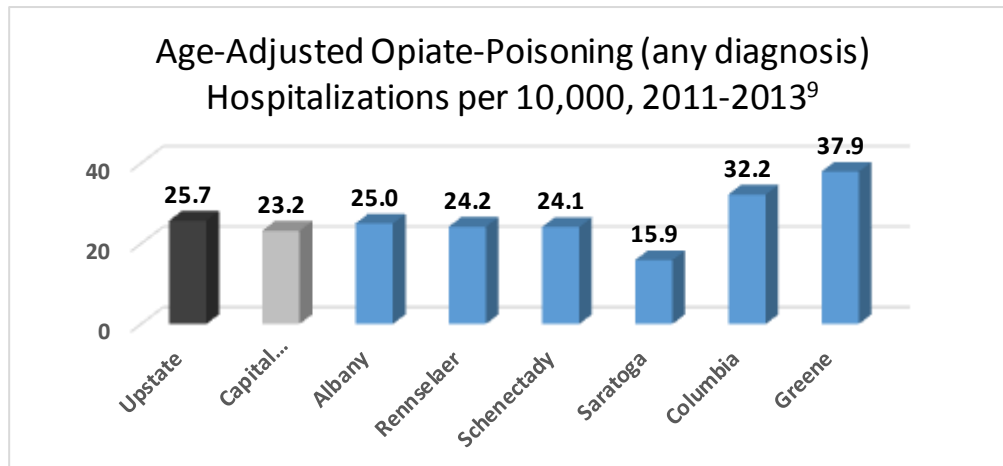


(HCDI, 2016)

Opiate Abuse

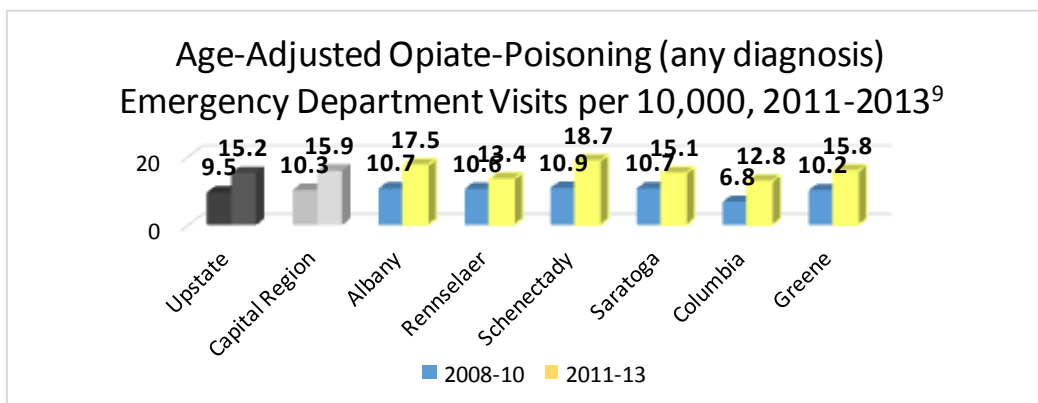
According to the Centers for Disease Control and Prevention, in 2014, opioids accounted for approximately 60% of drug poisoning deaths. Further, heroin-related overdose deaths have tripled nationally from 2011 to 2014. In New York State, first responders and others likely to witness an opioid-related overdose have been trained to reduce the impact of opioid overdoses and prevent death by using naloxone. Naloxone is a medication that counters the effects of opioid overdose.

From 2011 to 2013, the Capital Region averaged 2,200 opiate-related hospitalizations (primary or co-morbidity) annually. Greene County had the highest rates, followed by Columbia and Albany counties. Columbia and Greene counties had higher rates than the Upstate New York rate. Further, between 2008-2010 and 2011-2013 Saratoga County saw a 7% increase in rates of opiate-related drug hospitalizations (14.7 to 15.9), Columbia County had a 10% increase (29.0 to 32.2), and Greene County had a 4% increase (36.2 to 37.9) (HCDI, 2016).

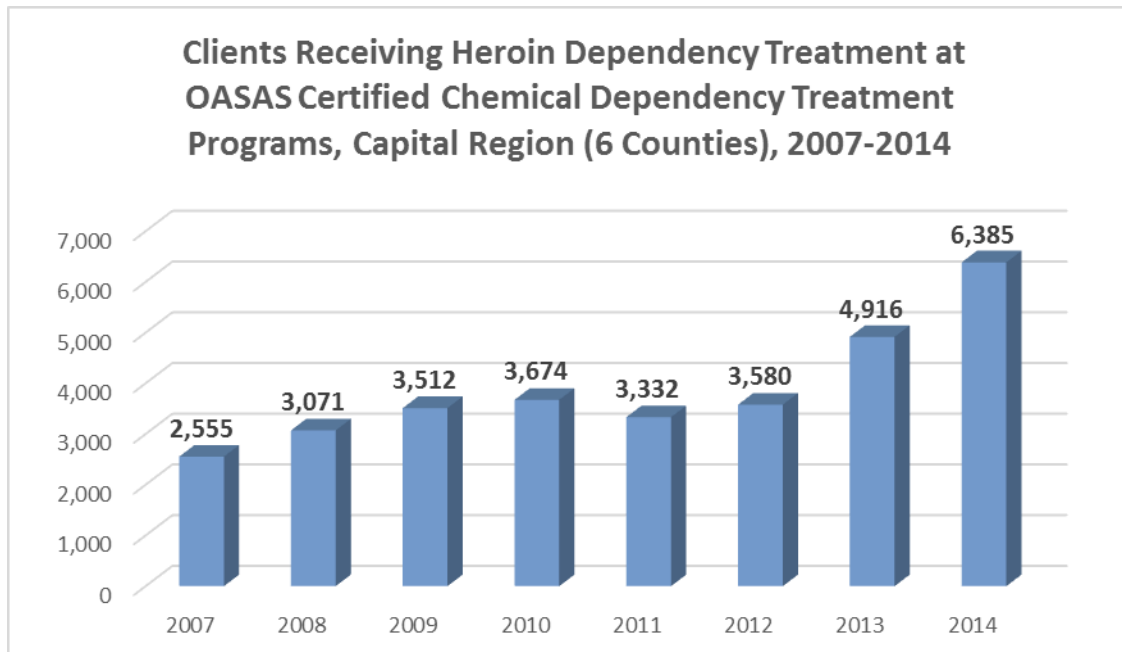


(HCDI, 2016)

During this same time, the Capital Region averaged 1,400 opiate-related emergency department (ED) visits (primary or co-morbidity). The Capital Region had a higher rate than Upstate New York. Schenectady County had the highest rate, followed by Albany and Greene counties. All counties saw increases in ED rates from 2008-10 and 2011-13 (HCDI, 2016).

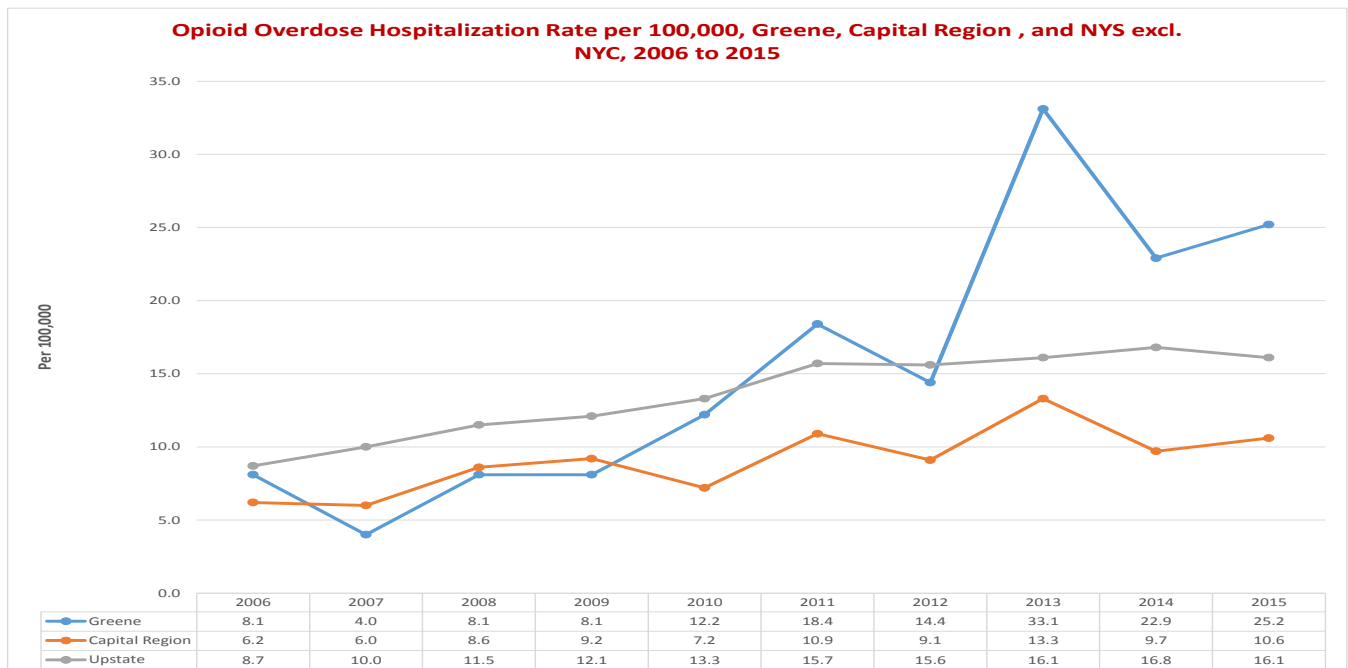


There was over a 90% increase in clients receiving Heroin Dependency Treatment at Capital Region Office of Alcoholism and Substance Abuse Services (OASAS) certified treatment programs between 2011 and 2014 (HCDI, 2016).



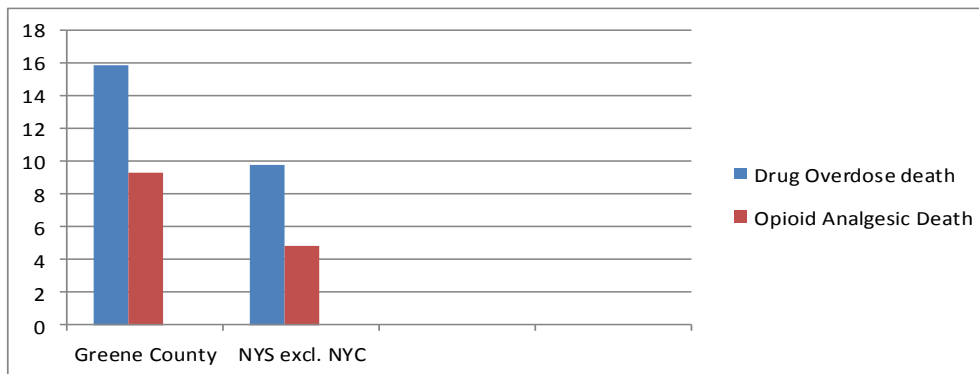
(HCDI, 2016)

Comparing overdose hospitalizations between Greene County, the Capital Region and Upstate New York over the last 10 years, there is an upward trend in the Greene County rate beginning in 2009, which surpasses both the Capital Region and Upstate rates in 2011 (please see below).



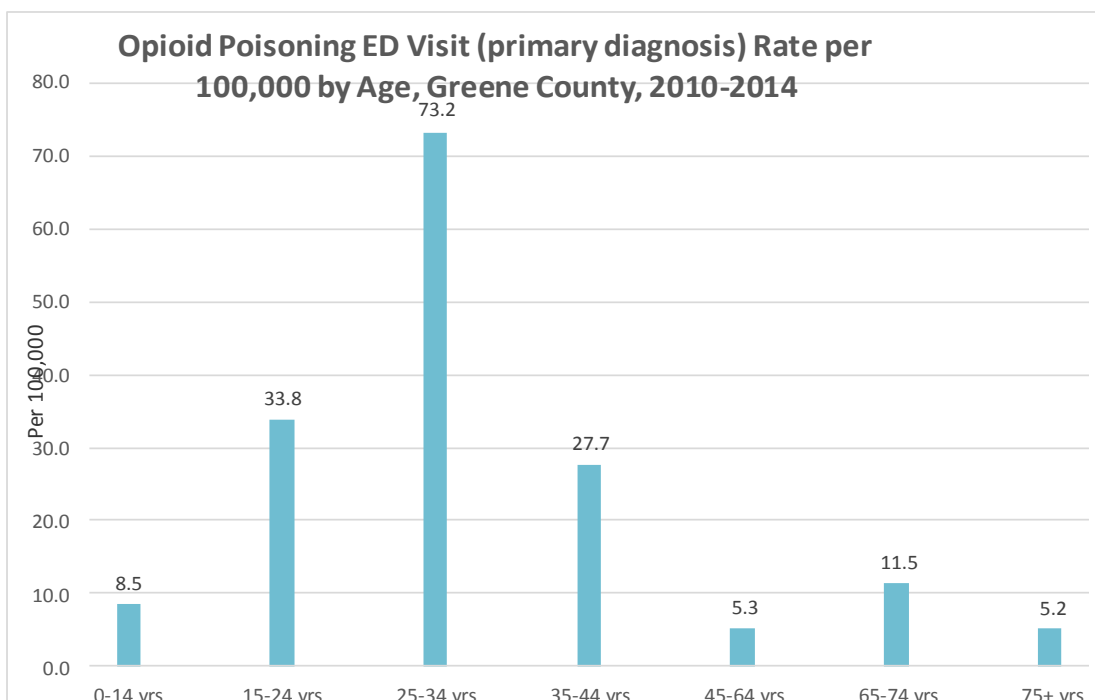
Comparing Greene County to the rest of New York State (excluding New York City), we see a higher rate for Greene County overall and specifically in Opioid related deaths. This further highlights the need for local response.

Age Adjusted Drug Overdose and Opioid Analgesic Death Rate per 100,000, 2009-2013



www.health.ny.gov/prevention/injury_prevention

Disparity population: Through the process of coalition building and data review, youth age 12-21 years have been identified as a disparity population. A disparity population is one identified by a difference in health status rates between population groups (Klein R. and Huang, D, 2016; Kilbourne, A.M., et al, 2006). This population is at an increased risk for substance abuse, as seen below. Additionally, teen and adolescent substance abuse prevention programming has been shown to have a protective effect for later substance abuse behavior (Hawkins, JD, Catalano, RF, Miller, JY., 1992).



(HCDI, 2016)

Our youth rate per 100,000 for opioid poisoning emergency department visits quickly rose over the age of 15 (33.8/100,000 for ages 15-24), climbing to 73.2/100,000 for ages 25-34, which far exceeds the overall Greene County rate of 20.2/100,000, and points to the need for protective factors for this population.

The overall opioid poisoning rate by year can be seen below, and highlights the dramatic increase within Greene County in recent years relative to the Capital Region and Upstate (New York State excluding New York City).

Opioid Poisoning ED Visit Rate per 100,000, Greene, Capital Region and NYS, Excl. NYC, 2006-2015

Region	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Greene	12.1	10.0	12.1	10.1	8.1	10.2	16.4	31.0	35.4	46.2
Capital Region	8.9	7.1	11.0	11.8	15.8	16.0	12.7	16.4	25.0	33.3
Upstate	9.1	8.7	10.7	10.9	12.9	15.3	17.3	24.3	29.7	39.8

(HCDI, 2016)

Substance Abuse Programming

Priority Area: Promote Mental Health and Prevent Substance Abuse

Focus Area: Prevent substance abuse and other mental emotional behavioral disorders

GOAL: Prevent substance abuse and overdose

Our response to this issue will follow the programmatic areas demonstrated through the **Project Lazarus Initiative** (www.projectlazarus.org *Project Lazarus designated initiatives are bolded).

Project Lazarus is an evidence-based model for the goal of opioid overdose prevention. This initiative arose in Wilkes County, North Carolina in response to the local crisis related to the use and abuse of opioids. The model has since been used in 24 states, and has been recognized in the New York State Department of Health’s Prevention Agenda Action Re-Fresh Chart as a public health model whose components include:

- 1) Community activation and coalition building
- 2) Prescriber education and behavior
- 3) Supply reduction and diversion control
- 4) Pain patient services and drug safety
- 5) Drug treatment and demand reduction
- 6) Harm reduction including Naloxone training
- 7) Community based prevention and education

GOAL	COMMUNITY ACTIVATION AND COALITION BUILDING
OUTCOME OBJECTIVES	To reduce opioid related Emergency Department visit rate by 25% from 46.2/100,000 (2015) to 34.7/100,000
INTERVENTIONS/ STRATEGIES/ACTIVITIES	Task Force meetings and Community Forums
PROCESS MEASURES	Expansion of agency and community action around given issue: number of partner agencies, meetings, and forums
PARTNER ROLE	<u>Controlled Substance Awareness Task Force:</u> <ul style="list-style-type: none"> - Forum for information and resource sharing - Planning and initiation of community and targeted events and strategies
PARTNER RESOURCES	Staffing, expertise, and educational resources
BY WHEN	- <u>Outcome Objectives:</u> 2018 - <u>Interventions:</u> Ongoing
WILL ACTION ADDRESS DISPARITY?	No

GOAL	PRESCRIBER EDUCATION AND BEHAVIOR & PAIN PATIENT SERVICES AND DRUG SAFETY
OUTCOME OBJECTIVES	To reduce opioid related Emergency Department visit rate by 25% from 46.2/100,000 (2015) to 34.7/100,000
INTERVENTIONS/ STRATEGIES/ACTIVITIES	- Promote effective guidelines for providers serving Greene County regarding pain management - Develop prescriber guidelines and resources for providers serving Greene County - Develop guidelines for alternative pain management strategies
PROCESS MEASURES	- Participating providers - Educational initiatives - Development of pain management practice guidelines
PARTNER ROLE	<u>Controlled Substance Awareness Task Force, Prescriber Guidelines Subcommittee:</u> <ul style="list-style-type: none"> - Coordinate trainings and provider participation
PARTNER RESOURCES	Staffing, expertise, and educational resources
BY WHEN	- <u>Outcome Objectives:</u> 2018 - <u>Interventions:</u> Ongoing
WILL ACTION ADDRESS DISPARITY?	No

GOAL	SUPPLY REDUCATION AND DIVERSION CONTROL
OUTCOME OBJECTIVES	To reduce opioid related Emergency Department visit rate by 25% from 46.2/100,000 (2015) to 34.7/100,000
INTERVENTIONS/ STRATEGIES/ACTIVITIES	- Medication Drop Boxes - Drug “Take Back” Days
PROCESS MEASURES	- Number of drop boxes in community - Pounds of medication per “take back” event
PARTNER ROLE	<u>Rural Health Network:</u> - Provide drop boxes <u>Law Enforcement:</u> - Monitor medication drop boxes and dispose of medication
PARTNER RESOURCES	- Funding for medication drop boxes - Staffing, oversight, and maintenance of boxes - Disposal of medications
BY WHEN	- <u>Outcome Objectives:</u> 2018 - <u>Interventions:</u> Ongoing
WILL ACTION ADDRESS DISPARITY?	No

GOAL	DRUG TREATMENT AND DEMAND REDUCTION
OUTCOME OBJECTIVES	To reduce opioid related Emergency Department visit rate by 25% from 46.2/100,000 (2015) to 34.7/100,000
INTERVENTIONS/ STRATEGIES/ACTIVITIES	Addiction treatment services and support
PROCESS MEASURES	Number of individuals reached
PARTNER ROLE	<u>Twin County Recovery Services:</u> - Residential and out-patient addiction services - Impaired Driver’s Program - Substance abuse screening - Drug Treatment Court Team - School-based counseling program (ages 12-21)
PARTNER RESOURCES	Staffing, expertise, and educational resources
BY WHEN	- <u>Outcome Objectives:</u> 2018 - <u>Interventions:</u> Ongoing
WILL ACTION ADDRESS DISPARITY?	No

GOAL	HARM REDUCTION (Including Naloxone Training)
OUTCOME OBJECTIVES	To reduce opioid related mortality by 25% from 12.6/100,000 (2015) to 9.5/100,000
INTERVENTIONS/ STRATEGIES/ACTIVITIES	<ul style="list-style-type: none"> - Distribution and training of Naloxone kits - Strategic placement of sharps collection kiosks - Availability of Mobile Crisis via phone
PROCESS MEASURES	<p><u>Project Safe Point:</u></p> <ul style="list-style-type: none"> - Number of kits distributed <p><u>Project Needle Smart Sharps Collection Program:</u></p> <ul style="list-style-type: none"> - Number of collection sites - Number of pounds collected per year <p><u>Mobile Crisis Assessment Team:</u></p> <ul style="list-style-type: none"> - Number of calls
PARTNER ROLE	<p><u>Catholic Charities:</u></p> <ul style="list-style-type: none"> - Naloxone training, outreach, and distribution of Naloxone “kits” <p><u>Greene County Public Health and Solid Waste:</u></p> <ul style="list-style-type: none"> - Maintenance of sharps kiosk locations <p><u>Mental Health Association of Columbia and Greene Counties:</u></p> <ul style="list-style-type: none"> - Maintenance and administration of staff and vehicles for call-in center and Assessment Team
PARTNER RESOURCES	<ul style="list-style-type: none"> - Naloxone training - Provision of Naloxone kits and refills - Outreach and education - Program planning, tracking, and administration - Sharps collection, disposal, kiosk maintenance, and sharps container distribution - Mental health and crisis intervention training and expertise - Funding for staff, administrations, and vehicles
BY WHEN	<ul style="list-style-type: none"> - <u>Outcome Objectives:</u> 2018 - <u>Interventions:</u> Ongoing
WILL ACTION ADDRESS DISPARITY?	No

GOAL	COMMUNITY-BASED PREVENTION AND EDUCATION
OUTCOME OBJECTIVES	To reduce the adolescent opioid Emergency Department visit rate by 26.2%, from 27.1/100,000 (2012-2014 rate for youths aged 12-21)
INTERVENTIONS/ STRATEGIES/ACTIVITIES	Outreach in school and community settings with information and education to prevent substance abuse initiation and promote health choices
PROCESS MEASURES	<ul style="list-style-type: none"> - Number of school-based programs and number of participating students - Number of organization, agency-based, and community programs and number of participating students
PARTNER ROLE	<p><u>Controlled Substance Awareness Taskforce Prevention Subcommittee:</u></p> <ul style="list-style-type: none"> - Education, outreach, and programs including: - School based awareness campaign and educational program - Faith based campaign including educational materials for adults, teens, and children <p><u>Twin County Recovery Services:</u></p> <ul style="list-style-type: none"> - School based education and prevention programming <p><u>Greene County Family Planning:</u></p> <ul style="list-style-type: none"> - School based programming and outreach education - Education and outreach for at risk populations - Residential, out-patient, and community based programs for teens and young adults at-risk or in recovery; adolescent probationers; school based prevention program - Responsible Adolescent Peer Program (RAPP) – Peer mentorship training for high school students who have been recommended by their school for participation - Professional training - Substance Abuse Trends for Adolescents <p><u>Mental Health Association of Columbia and Greene Counties:</u></p> <ul style="list-style-type: none"> - Youth Clubhouse - Prevention, Awareness, Solutions (P.A.S.) It On
PARTNER RESOURCES	<ul style="list-style-type: none"> - Staffing, education resources, marketing and distribution of resources and programming - Staffing, educational resources, and programming - Staffing, educational resources, programming, and outreach - Development and operation of the Youth Clubhouse model and site - Community forums, education, and outreach
BY WHEN	<ul style="list-style-type: none"> - <u>Outcome Objectives:</u> 2018 - <u>Interventions:</u> Ongoing
WILL ACTION ADDRESS DISPARITY?	Yes, this initiative will address our disparity population.

Additional Resources Dedicated to Substance Abuse Prevention for Youth:

Community based prevention and education play an important role in substance abuse prevention and promoting the safety of our youth. Additional Greene County initiatives, include Greene County DARE: Teaching students decision making for safe and healthy living (DARE.org), including both school based education and an annual DARE Day community fair; and SADD: Students Against Destructive Decisions (SADD.org).

MAPP and the Columbia County Public Health Leadership Committee work groups will continue to meet and monitor the Prevention Agenda efforts, as well as solicit key partners and the community to receive feedback. The Committees will monitor these initiatives and review activity and progress to determine if Process Measures are being met, and if Outcome Objectives are being served.

Collaboration for the Community Health Improvement Plan, including the joint initiatives of the Mobilizing for Action through Planning and Partnership and Public Health Leadership Committees, has allowed Greene County Public Health to build relationships with our community partners, who are strongly committed to improving the health of Greene County residents. We look forward to working together over the next two years to successfully achieve the goals of this initiative.

The Community Health Assessment and Community Health Improvement Plan will be available on the Public Health page of the Greene County Government Website (<http://greenegovernment.com/departments/public-health>).

REFERENCES

- Arthritis Foundation. (n.d.) <http://www.arthritis.org/living-with-arthritis/tools-resources/walk-with-ease/about.php>
- Behavioral Risk Factor Surveillance Survey (BRFSS). (n.d.) <https://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/greene.pdf>
- Centers for Disease Control and Prevention. (2011). Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase Physical Activity in the Community. Atlanta: U.S. Department of Health and Human Services.
- DARE. www.dare.org.
- Health Resources and Services Administration (HRSA). (n.d.). <https://www.datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>.
- Jensen, KD. Organizing a community "biggest loser" weight loss challenge. *Journal of Extension*. (2013); 51 (2): 2009-13.
- Hawkins, JD, Catalano, RF, Miller, JY. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, Vol 112(1): 64-105.
- Kilbourne, A. M., Et al. (2006). Advancing Health Disparities Research Within the Health Care System: A Conceptual Framework. *American Journal of Public Health*. 96 (12): 2113-2121.
- Klein, R. and Huang, D. Defining and measuring disparities, inequities, and inequalities in the Healthy People Initiative. (n.d.). https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf.
- Kumar, R, Lafayette, J. Shape up RI: Statewide team-based fitness program uses online social networking and competition to promote exercise and weight loss in adults. (n.d.) AHRQ Health Innovations Exchange. <http://whatworksforhealth.wisc.edu/program>.
- Resnicow, K., et al. (2008). Applying Theory to Culturally Diverse and Unique Populations. *Ecological Models of Health Behavior. Health Behavior and Health Education: Theory, Research, and Practice*. 4th Edition. Glanz, K., Rimer, B. K., & Viswanath, K. Ed. John Wiley & Sons, Inc. San Francisco, CA.
- SADD. www.sadd.org
- Sallis, J. A., Owen, O. *Ecological Models of Health Behavior* (2008). *Health Behavior and Health Education: Theory, Research, and Practice*. 4th Edition. Glanz, K., Rimer, B. K., & Viswanath, K. Ed. John Wiley & Sons, Inc. San Francisco, CA.
- The Community Guide. (n.d.). <https://www.thecommunityguide.org/findings/physical-activity-individually-adapted-health-behavior-change-programs>
- The Healthy Capital District Initiative (HCDI). (2016). *Community Health Needs Assessment: A Compendium of Public Health Data Albany, Rensselaer, Saratoga, Schenectady, Greene and Columbia Counties*. www.HCDINY.org.
- Zapka J¹, Lemon S. C., Estabrook B. B., Jolicoeur D. G. (2007). Keeping a Step Ahead: formative phase of a workplace intervention trial to prevent obesity. <http://www.ncbi.nlm.nih.gov/pubmed/18073339>